

No. C 52315	Due no later than Oct 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX C PETER GROOM 707 N. 7TH POCATELLO, ID 83201																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable POCATELLO CLINIC OF INTERNAL MEDICI C. PETER GROOM P. O. BOX 880 POCATELLO, ID 83204	3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Michael Francisco M.D.</td> <td>PO BOX 880</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> <tr> <td>Vice pres.</td> <td>E.F. Hyde M.D.</td> <td>PO BOX 880</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Secretary</td> <td>Mark F. Benson M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Treasurer</td> <td>C. Peter Groom M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table> C. Peter Groom			Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael Francisco M.D.	PO BOX 880	Pocatello	ID	83204	Vice pres.	E.F. Hyde M.D.	PO BOX 880	"	"	"	Secretary	Mark F. Benson M.D.	"	"	"	"	Treasurer	C. Peter Groom M.D.	"	"	"	"
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5. Organized Under the Laws of: IDAHO C 52315	6. Signature _____ Date <u>8-23-02</u> Name (Typed or Printed) <u>C Peter Groom M.D.</u> Title <u>Treasurer</u>																															